OCCUPATIONAL HEALTH AND SAFETY REVIEW

This Occupational Health and Safety Review looks at Alberta's health care industry — at the hazards and risks of working in health care. In an already financially strained industry, work-related injuries and ill health are an added cost. Today, the industry is working to reduce risk and make health care safer.

Occupational Health and Safety publishes its *Occupational Health and Safety Review* every year. The Review looks at workplace health and safety in Alberta. It focuses on current issues and on ways to improve health and safety. The Review also gives provincial occupational health and safety statistics.

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In March 1993 Alberta Occupational Health & Safety became a division of Alberta Labour.

WHAT IT'S COSTING

Health care costs Albertans more than $4 billion every year –$11 million a day. Those costs include Workers' Compensation Board (WCB) claims—the money hospitals pay when staff are injured on the job. WCB assessments aren't the only costs, however. The actual cost of work-related injuries and illness to the health care industry may be as high as $120 million annually.

"Fifteen years ago, everybody assumed hospitals were healthy places," says Heather Smith, president of the United Nurses of Alberta (UNA). "Hospitals are where we deliver health care, so they must be healthy. Then information started to come out. Hospitals use anaesthetic and other gases and are full of sick people. They may not be such healthy environments."

Alberta's 125 hospitals employ close to 50,000 people. That includes registered nurses, licensed practical nurses (nursing aides and orderlies), technical and maintenance staff. Every year, hospital staff suffer more than 2,000 lost-time injuries. For every $100 in payroll, hospitals pay $1.08 to the WCB.

In Alberta's 75 long-term care facilities—that is nursing homes and auxiliary hospitals—there are close to 14,000 employees. In 1991, there were 823 lost-time injuries. For every $100 in payroll, long-term care facilities paid $2.29 cents to the WCB. In 1992, acute-care hospitals paid the WCB $13.7 million. Long-term care facilities paid another $6.3 million.

Larry Odegard, president of the Alberta Healthcare Association, says, "Until now, hospitals and long-term care facilities haven't looked at the opportunity to save money on WCB. If they saved one per cent of payroll, however, it would be very substantial. At the University of Alberta Hospitals, one per cent of payroll would be $2.5 million. And that's what it costs the University Hospitals to run an 18- or 20-bed unit for a full year."

ESTIMATED LOST-TIME CLAIM RATES

	1987	1988	1989	1990	1991
Hospitals					
Lost-Time Claims	1689	1893	2034	2048	2016
Estimated Person -Years	42,713	48,545	49,963	51,556	49,460
Average Claim Rate	4.0	3.9	4.1	4.0	4.1
Auxiliary Hospitals and Nursing Homes					
Lost-Time Claims	775	885	771	895	823
Estimated Person-Years	11,073	11,771	12,220	13,210	13,695
Average Claim Rate	7.0	7.5	6.3	6.8	6.0
Senior Citizens Homes					
Lost-Time Claims	91	98	97	123	97
Estimated Person-Years	2076	2104	2451	2403	2535
Average Claim Rate	4.4	4.7	4.0	5.1	3.8

"When a health care worker is hurt on the job, there are enormous costs – not only to the hospital, but to the individual, his or her family and the community. The hospital or nursing home pays Workers' Compensation Board costs. The hospital loses its investment in that employee and faces training and hiring a new worker.

"It doesn't stop there. After work, there is the physical pain accompanied by psychological pain. This is especially true when a nurse or nursing assistant is hurt by a patient – someone he or she is caring for. Within the family, there can be times when injuries make it difficult to carry on as a parent or spouse. There may be a loss of income and a loss of physical abilities. Suddenly it's difficult to join in family activities or even take on basic chores.

"As employers, we have to say these social costs aren't acceptable. They are avoidable. Prevention works. It starts in the workplace, with proper training and procedures. From there, the benefits reverberate through the home and community.

"The Government of Alberta plays an important part. Ten years ago, there were literally twice as many workplace fatalities in Alberta. Injury rates are dropping – steadily. A big reason is Alberta Occupational Health and Safety's commitment to prevention, awareness and, where necessary, enforcement. In 1993, occupational health and safety officers and managers will keep their commitment. We'll continue sending out the message that injuries are preventable. In hospitals, nursing homes and other workplaces, Albertans shouldn't be getting hurt. We can prevent that pain and loss."

Stockwell Day
Minister of Labour

Mr. Odegard adds that hospitals aren't always aware of the real costs to the system. "When someone is off work, the WCB pays the cost of their salary. Then the hospital replaces the worker with dollars from the staff budget. Because you have a new worker doing the job, you are not as motivated to get the injured person back to work. But the WCB is charging the cost back to you. It affects your premium rate. I'm not sure hospitals have really paid much attention to that."

There is the direct cost of workplace injuries and illness – and the indirect costs. Research shows that the actual costs can be six times the WCB costs. The actual annual cost include losses from missed days, overtime, reduced employee morale, damaged equipment and property, other insurance costs, the costs of replacing and retraining staff. With those estimates, the actual annual cost to the health care industry could be $120 million.

"Hospitals are not recognizing the indirect costs," adds Mr. Odegard, "and those indirect costs all have an impact on the organizations— the cost of hiring replacement workers, the impact on the person's family and personal lives."

In Medicine Hat, the Regional Hospital employs 1,000 people. "Our WCB rates were going up 25 per cent a year," says Gerry Hildebrandt, vice president of the hospital. "Our annual WCB costs went from $150,000 to more than $200,000. Now they're almost $400,000 a year. We said, 'We can't cope with this.' "

Adds Mr. Hildebrandt, "Our perspective was – if we could get another organization or agency to absorb the cost of lost time or unproductive time, then it wouldn't cost us. If we could get an insurer or the WCB to absorb the costs of paying people who weren't contributing to the organization, then we would be all right. We rationalized the problem and said, 'It's not ours. We don't have to be very aggressive about it.' "

In September 1990, the WCB invited hospitals to join the Work Injury Reduction Program. With escalating WCB costs, the Medicine Hat Regional Hospital didn't hesitate. To start the program, the WCB audited the hospital's health and safety program. "The audit results really hurt," says Mr. Hildebrandt. "We scored 500 out of a possible 2,000. We said, 'This doesn't make sense. We're better than that.' And we sat down and created a plan."

The Medicine Hat Regional Hospital has since received a $49,000 refund from the WCB. It has significantly reduced its lost-time claims and lowered its WCB costs. Dr. Hugh Walker, managing director of Alberta Occupational Health and Safety (AOHS), says, "It is possible to introduce effective health and safety programs into a health care institution. Medicine Hat Regional Hospital has done just that. It has proven it can be done."

At Medicine Hat Regional, Brad Morrow manages the laundry department and chairs the health and safety committee. "We thought we could spend $10,000 a year on safety programs," he says. "Well, we know we can save $49,000 in the first year. For a $10,000 investment, we got five times that back. The administration looks at that and they say, 'Go for it.' They would be crazy not to."

"Health care staff are committed to helping patients—at any cost. Unfortunately, too often the cost is their own health and safety. Hospitals and long-term care facilities pay the WCB $20 million a year. That $20 million does not include health units and community health care. Those are extras.

"In the health care industry, most lost-time claims are due to back injuries. And many back injuries are preventable. Unfortunately, many health care professionals don't realize that. They think, 'Accidents happen.' There's a fatalism about injuries.

"We have to change that way of thinking. Alberta Occupational Health and Safety (AOHS) can't change the health care industry. Our regulations can't change the industry. Change starts when the industry recognizes there is a problem, and changes are needed.

"AOHS can be a big part of the change. We can get people together—get people talking and working together. We've played that role in other industries—forestry, oil and gas, construction—and we've had a lot of success. In the oil and gas industry, for example, some large plants have just one lost-time claim a year. That's a major change since the 1970s.

"The health care industry can also be a success story. Health care needs effective health and safety programs, training, and an industry-wide commitment to health and safety. With those kinds of changes, health care workers could do their jobs without risking injury. And health care managers could avoid throwing dollars at preventable injuries."

Dr. Hugh Walker
Managing Director, Alberta Occupational Health and Safety
(May 1989 to March 1993)

WHAT ARE THE RISKS?

"More than half of hospital staff injuries are back injuries," says Larry Odegard. He suggests the health care industry target back injuries and put all its resources into eliminating them. "We need some plans," he says, "that really make a difference."

Between 1987 and 1991, 42.5 per cent of hospital lost-time claims were due to back injuries. Another 11.9 per cent were injuries to shoulders and other parts of the trunk. More than eight per cent of injuries were from falling.

Lost-time claims, however, don't tell the whole story. In the United States, the *American Journal of Nursing* recently reported that only one third of injured nurses file claims. The other two thirds thought back pain was just part of the job. A 1983 study, *Back pain in the nursing profession*, found that many nurses miss work because of back pain. Over 16 per cent of total days lost due to sickness was from back pain.

A 1986 survey by Stubbs (*Backing out: nurse wastage associated with back pain*) showed that 1.3 per cent of nurses were leaving the profession because of back pain. One in 29 said back pain contributed to their leaving.

Rosemary Pahl, president of the Glenrose Rehabilitation Hospital in Edmonton, says, "Most injuries to our staff are musculoskeletal injuries. Therefore, the priority for education and prevention should be focused on this area." Musculoskeletal injuries are mostly back injuries, but include other muscles—wrists, ankles, shoulders. Together, musculoskeletal injuries add up to 80 per cent of health care injuries.

NUMBERS TALK

The Glenrose Rehabilitation Hospital in Edmonton has been collecting data on workplace injuries. The hospital is not an acute care hospital, nor it is an auxiliary hospital. It's job is rehabilitation. There are close to 700 full-time staff and 130 beds. Most patients are day patients. In 1991, back injuries cost the hospital $211,568. For the same year, the hospital's total WCB costs were $300,309. Seventy per cent of the hospital's WCB costs are from back injuries.

The nursing department has the highest number of incidents—125 in 1991 and 130 in 1992. Housekeeping had 34 incidents in '91 and 30 in '92. Housekeeping has fewer incidents, but there are also fewer housekeeping staff. The Glenrose statistics show that housekeeping staff also face risks.

Lorna Stewart came to the University of Alberta Hospitals in 1991, hoping to improve the hospitals' occupational health and safety record. Before she could design a health and safety strategy, she needed data that analyzed the hazards. "When

"We need high profile attitudes towards occupational health and safety. In our industry, it is a new phenomenon to look at worker safety. As late as 1984 and '85, hospitals had fire and safety committees. They were concerned with the structural safety of the building and the safety of the patients. Over the last decade, there has been an evolution—at least in the hospital industry—towards looking at occupational health and safety and bringing in the workers' concerns."

Heather Smith
President, United Nurses of Alberta

the president first asked me to take on this role," says Ms Stewart, "I said—with a fair bit of confidence— 'I'm sure the data is there. It hasn't been analyzed, but I'm sure it's there.' It wasn't."

"We've now looked at three years of data," adds Ms Stewart. "We have pulled out trends and analyzed the activities that result most frequently in injury. That was one of the initial activities I knew we had to do. The organization had to build an infrastructure so people could start to deal with their health and safety issues."

The data showed nursing staff injure their backs while lifting and transferring patients. Environmental services, that is the housekeeping staff, injure their backs while mopping floors, making beds. Many slip and fall while mopping floors.

The study also showed that critical care nurses have the most injuries. Those are nurses working in neonatal, in the trauma unit and in the intensive care units—paediatric, cardiac, cardiovascular and neurosurgical intensive care. The more demanding the patient care, the greater the risk.

Mr. Odegard says, "Nursing staff frequently assist patients to turn in bed. They choose, because of the number of other caregivers, to do this on their own rather than get help. Because of the unique situation they are in, they may make a judgement call and say, 'I'll do this on my own rather than get help. Or, it will take too long to get help.'"

DON'T DROP THAT PACKAGE

Back pain can start suddenly. You are lifting something or someone and it starts. Or it can come out of nowhere, with no obvious cause. With both types of pain, there is no clear cause and effect. Sudden back pain may actually be the last in a series of events, the aftermath of years of heavy work and back stress. While unexplainable back pain may actually date back to an earlier incident that weakened the back and set the stage for further injury.

The University of Wisconsin-Madison School of Nursing studied the physical demands of the nursing assistant's job. Nursing assistants said transferring patients was the most stressful part of their jobs. And the study found that nursing assistants do a lot of transfers. Every shift, each nursing assistant in the study lifted 68 pounds 24 times. That's 1,632 pounds in an eight-hour shift.

Gail Graham, occupational health nurse at Medicine Hat Regional Hospital, says nurses are "constantly lifting." Karen Kraselnicki is the occupational health and safety coordinator with the Good Samaritan Society in Edmonton. The society operates long-term care facilities, nursing homes and an auxiliary hospital. "Our workforce is aging," says Karen. "Some staff have spent 25 years in the nursing department. That's a lot of years to put strain on your back. There's no precipitating incident. It's the repetition."

In an article ("Epidemiology of Low-back pain in Industry") in *Occupational Medicine*, Dr. Arun Garg and Dr. Steven Moore explain

Heather Smith

that low-back pain and back injuries are complex. Low-back pain can even occur in sedentary jobs. "Many different personal and job factors are associated with... these complaints," write the authors. The high risk jobs involve "lifting, lowering, pushing, pulling, carrying, and holding." Other risk factors are "frequent bending, twisting and sudden movements." Working in a "bent-over posture" also seems to produce low-back pain.

The authors add that "a combination of lifting, bending, and twisting appears to be most hazardous....lifting heavy loads contributes to increased frequency and severity for low-back pain. This is true regardless of whether the lifting is performed over a short period or throughout the day, and whether it is performed a few times per day or repetitively."

Ms Graham adds that nurses were trained to lift with their backs and twist. "We were taught to bend over our patient. We were taught to bend at the waist and twist our spine. But the largest muscle group in your body is your thighs, and that's the muscle group you should be using."

In long-term care facilities, most staff are licensed practical nurses. Most do not have professional training. Ms Kraselnicki says that adds to the risk. "If you train staff well enough, they understand the risks. They know what their responsibilities are—not only for themselves and their clients. They understand the importance of reporting even the smallest incident and they have a better basis from which to work."

LEADING WITH YOUR HEART

Mr. Odegard says a nurse's commitment to patient care is also a factor. "If you are helping a patient transfer from a bed to a chair or wheelchair or simply walking in a corridor, you can't drop that package and let it break on the floor. If the person falls or slips, the health care person is conditioned to look after the patient in their care. They frequently have these unpredictable incidents where they respond by trying to break someone's fall, or trying to prevent them from being injured, and often injure themselves."

Phil Gaudet, president of the Good Samaritan Society, says, "In a dangerous situation, staff are better off waiting until they get help. They have to be careful no to lead with their hearts and get hurt."

The Back Pain Association in Great Britain agrees. In *The Handling of Patients*, the Association says, "There is a tendency, rooted in the history of the profession, to do everything possible for patients, to come to their aid and save them the least exertion."

Heather Smith says nurses have to learn to ask patients to wait. "You shouldn't feel guilty if you have to wait five minutes for someone to come help you. Client education is also important. You might have to say, 'Your needs are just as important as another person's needs. But I may not be there the minute you need me. If you have to get out of bed and sit in a chair, does it have to be right this minute? Or can you wait 10 minutes until there are people to help me?' "

NEEDLE STICK

While taking blood samples, giving medicines, attaching intravenous units and recapping needles, staff risk contracting infectious diseases, such as tuberculosis, Hepatitis B and AIDS. The University of Alberta Hospitals has an HIV outpatient program. Lorna Stewart, director of the hospital's Injury Awareness and Prevention Centre, says a lot of health care staff are very concerned about needle stick injuries. "There are people who are leaving health care because of it. There is a lot of anxiety around needle stick injuries."

ARE YOU IN DANGER?

At the University of Alberta Hospitals, statistics show staff call security 1,000 times in a year – an average of three times a day. Not all those security incidents result in violence, but many do. "We are talking about everything from physical assault to sexual assault," says Lorna Stewart. "We have inebriated customers who will punch emergency nurses. We've had situations where a partner has beat up his spouse. She is in the hospital, and he's attacking staff to get to her."

Heather Smith says, "We did a random survey of nurses and their occupational health and safety. And we heard unbelievable anecdotes about workplace violence. The anecdotes ranged from being hit, bit, kicked, sworn at, spit at, having things thrown at you, to being choked and sexually assaulted. More recently there have been incidents of an escalating nature, including a recent incident at Edmonton's Royal Alexandra Hospital with knives, and in Calgary, with clients entering emergency with guns."

In 1992, a task force on staff abuse was formed. The group has representatives from AOHS, Alberta Labour, the Alberta Healthcare Association, United Nurses of Alberta, the Canadian Health Care Guild, Staff Nurses Association of Alberta, Registered Psychiatric Nurses of Alberta and the Health Sciences Association of Alberta. The task force travelled the province holding focus groups on staff abuse in the health care industry.

Heather Smith says, "Violence is an issue that is becoming less and less tolerated by workers." In long-term care facilities, more than half (53 per cent) of injuries were caused by another person. In hospitals, 32.1 per cent of the lost-time injuries were from another person. But Heather Smith says many incidents go unreported, and staff abuse may be more widespread than the statistics show. In long-term care facilities, like the Good Samaritan Society's nursing homes and hospitals, 40 to 70 per cent of residents have some form of cognitive impairment. Some of these residents are difficult to control and can be aggressive. Says Phil Gaudet, "These are not isolated events. There aren't a lot of residents who are aggressive, but those who are can cause a whole series of incidents."

Psychiatric patients, once housed in psychiatric hospitals, are now often treated in auxiliary hospitals and nursing homes. "There is a change in philosophy in psychiatric long-term care treatment," says Mr. Gaudet. "Rather than being warehoused in psychiatric hospitals, these patients should be integrated with their peers. With intervention, these people can be managed in long-term care facilities. What's lagging behind is training and support." Mr. Gaudet suggests that the role of long-term care is changing. "We need to anticipate that we are going to have to deal with more alzheimer patients," he says. And long-term care facilities have to learn how to manage aggression. With alzheimer patients, for example, certain situations and environments are calming. Others bring on violence. "I think we have a lot to learn," he says.

"The biggest single solution is the recognition by employees, their unions and employers that this is a win-win situation. Everyone gains if we enhance the workplace and make it a safer, healthier place to work. It is very difficult to find any losers in the formula of workplace health and safety. Employees do not want to be injured and sacrifice their future and their career and disrupt their lifestyles. Employers don't want to pay the costs of these injuries. What we need to do is take the problem before all parties and, in some variation of mutual gains bargaining, say,'Let's solve it.' "

Larry Odegard
President, Alberta Healthcare Association

Larry Odegard

WHAT'S THE ANSWER?

The health care industry is complex. "We have 12 or 14 major unions and 150 employers," says Larry Odegard. "What we need to do is move past the traditional roles of discussing at the bargaining table into something that has maybe a different sort of atmosphere. We need to develop trust and understanding and build optimism. There is an opportunity here to achieve solutions, improve workplace health and safety and reduce costs—all with a relatively small investment."

As chairman of the Medicine Hat Regional Hospital's health and safety committee, Brad Morrow knows success depends on senior management. Says Mr. Morrow, "The management of the hospital has said, 'This is a program we are going to support.' Gerry Hildebrandt, our vice president, sits on the health and safety committee. He has been extremely supportive and has done an awful lot of work on safety. He has been given that mandate by the Board of Directors. With that kind of support, how can you lose?"

When Lorna Stewart joined the University of Alberta Hospitals, she saw senior management wanted to reduce injuries and incidents. To show its commitment, the hospital started safety tours. Each month, the president and vice presidents tour a hospital department. Through the tours, senior management learns first-hand about day-to-day operations. Says Ms Stewart, "The senior team is very removed from day-to-day operations. Vice presidents don't know what an individual housekeeper has to cope with, like finding a needle in the garbage. They go on a safety tour, talk to a housekeeper, hear his or her story, and it becomes much more real.

YOU MAY BE RESPONSIBLE

Management commitment can't stop with the senior staff. Ms Stewart's challenge was to help line managers recognize their responsibility for health and safety. She says, "It had never really been clear that health and safety in this hospital was a line management responsibility."

The hospital had a health and safety department and most line managers believed that department was responsible for health and safety. "Occupational health and safety was something separate from their work. It was not about how people work, interact with others, whether they have safety committees, what procedures they follow, whether they have safety and personal protective equipment. The prevailing attitude was that a member of the housekeeping staff could not possibly know about the safety of their work."

MEETINGS CAN WORK

The hospital discovered health and safety committees encourage line management responsibility. Each department was asked to set up its own health and safety committee. Medicine Hat Regional Hospital's success also started with its safety committee. "The first thing I did," says Brad Morrow, "was I walked in there and said, 'The only reason

we are here is to help employees.' Period. End of story. That's the whole reason. We are not here to fight, bicker or argue. We're here to work towards safety.' "

Gerry Hildebrandt says, "There was an evolution in thinking about the safety committee. Historically, the safety committee was doing inspections. We pretended a safety committee could actually go around and inspect an area of the hospital and come to a meaningful conclusion. We thought I, as a manager, could go in and identify areas of safety. I don't even know what I'm looking at – much less be able to judge whether or not it's a safety concern.

"There is nothing, by definition, wrong with an inspection. But it is assuming responsibility for the department's safety. We said, 'No.' We have to recognize there are some things we as a safety committee can do for the whole organization. Then there are some things that we have to make sure stay at the level of the person or the department."

TELL OTHERS

Mr. Morrow believes the committee's biggest success is staff awareness. "We send around copies of the minutes of every safety meeting. Along with that we started printing statistics that show how many people have been off sick or have been injured."

"Injuries that occur are unproductive events—completely unproductive both for the individual and the organization. You can save a whole bunch of resources if you do things safely. Why should we throw $1.7 million out the door every year—with lots of pain and suffering going on as well? It is an inappropriate use of public resources to allow injuries to continue."

Lorna Stewart
Director, Injury Awareness and Prevention Centre
University of Alberta Hospitals

The committee started the Quick Start Program, warm-up exercises. "At the beginning of every shift," says committee member Gail Graham, "staff do what we call the Quick Start Program. It probably takes about four minutes. You aren't going to get fit from it. All it does is loosen you up and put safety in the forefront. It reminds you that you have to be careful with what you are doing."

DO YOU HAVE A PLAN?

When the Alberta Healthcare Association held its annual meeting in November 1992, the Royal Alexandra Hospital put forward a motion. The hospital moved that the entire Association focus on preventing musculoskeletal injuries among staff. The Association's members voted unanimously in favour.

The University of Alberta Hospitals will soon have a musculoskeletal injury prevention program. The program will include a Back Injury Prevention Week. Another Edmonton hospital, the Glenrose, also has its own musculoskeletal injury prevention program.

In 1992, AOHS gathered information on back programs in the Calgary area. It found that half (five out of 10) of the hospitals have a formal health care program. Most had formal programs with written policies. Not all these programs are 100 per cent effective. When the programs were effective, staff participated by always using injury prevention strategies. Also, managers ensured success by monitoring and promoting the programs.

Most hospitals without formal health and safety programs have prevention strategies. At the very least, staff attend back education classes. These hospitals said there were no formal programs because they lacked resources. Also, management didn't support back care programs.

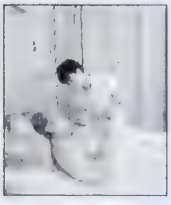
Lorna Stewart

Medicine Hat Regional Hospital has a new patient transfer assessment program which involves mechanical aids and injury prevention techniques. The program teaches nurses to assess the situation: Can I lift this patient by myself?

Gail Graham says many nursing staff initially resisted change. "First of all we were teaching them to lift exactly the opposite way they were first taught. Secondly, nurses like to work independently, and using mechanical lifts requires teamwork.

"Now, with the assessment program, you have to be more like an assembly line, because you need someone else's help. Rather than move the patients alone, you have to work together."

"We are looking at strategies to help our staff not get hurt," says Phil Gaudet of the Good Samaritan Society. "It's everybody's job. Everybody has a piece of it. We need to manage better and train better. We need to supervise better to make sure people are following procedures and plans, using transfer mechanisms and lifts, so they don't hurt themselves."



"If we are going to be successful in the long run, we need to get people moving toward a vision of health. Since we started our program at the Medicine Hat Regional, my personal thinking has changed quite dramatically. Three years ago, I would have said that, in an organization such as ours, losing workers to injury is an accepted and normal phenomenon. It occurs. It's part of the job. Workers accept it. Employers accept it. The WCB exists because it's part of the job. Ultimately, we need to change our way of thinking. If we lose a worker to an injury, when we lose a worker, we say as an organization, we failed. Why did we fail? How can we prevent ourselves from failing again?"

Gerry Hildebrandt
Vice President, Medicine Hat Regional Hospital

WHEN CAN YOU COME BACK TO WORK?

When workers suffer back injuries, modified work programs allow them to return to work before they have fully recovered. Injured workers may work part time or they take on new roles. For example, a nurse with a back injury may do nursing tasks that don't involve lifting.

"Back injuries are being very poorly handled," says Gail Graham at the Medicine Hat Regional. "You are left to lie around on analgesics and anti-inflammatories for two or three weeks before you're even seen a second time. So it's close to a month before there is a second doctor's visit. Then we might look at physio and start the process. But that process should start at seven to 14 days at the very most. The longer you lie around, the longer it's going to take to get better."

Hospitals throughout the province are now developing modified work programs. The programs may not save money in the short run, but in the long term they may mean fewer health care staff on long-term disability. "If you don't get them back within six months, your chances of bringing them back to pre-injury employment status are pretty slim," says Ms Graham.

The Glenrose Rehabilitation Hospital introduced a modified work program in 1992. In 1990, staff with back injuries lost 1121.5 days. In 1991, it was similar. Staff lost 1437.5 days because of back injuries. In 1992, staff lost 735 days—about half the number of days in 1991. Roger Gunn, vice president, human resources and education services at the Glenrose, says the modified work programs are worked out on an individual basis. It's time consuming, but obviously it's paying off.

Both unions and hospital management want modified work programs. "It is very clear in the literature," says Lorna Stewart, "that once someone is away from their workplace for more than six months, the psychological impairment is usually greater than the physical impairment. And once they are disconnected from their role, it is very difficult to get them back."

TURN ON THE LIGHT

With needle stick injuries, lighting can significantly reduce the risk. At the University of Alberta Hospitals, the Needle Stick Injury Task Force has completed a study on needle stick injuries. "We identified nursing units with high rates of needle stick injuries and units with low rates," says Lorna Stewart. "We then put together a questionnaire, and a team of interviewers went to try to find out the difference between the units."

The interviewers found that lighting made a difference. Nurses often use a flashlight at night or work with a hall light. Without proper lighting, they are more likely to injure themselves with a dirty needle. Another difference was disposal containers. Says Ms Stewart, "If someone has to carry a needle from a bedside to a container somewhere else, they are more likely to recap and injure themselves."

As a result, the University of Alberta Hospitals is installing disposal containers at every bedside. The Medicine Hat Regional Hospital has already installed sharps containers at every bedside—one per patient. The sharps container is a place where one can throw away any needles, scalpel blades and other sharps contaminated with body fluid.

PROTECT YOURSELF

The Staff Abuse Task Force Staff is developing strategies. "I am very optimistic," says Heather Smith. "The first barrier to dealing with abuse is recognizing that it exists. We've come to that. We're saying, there is no question. Now we're looking at very far reaching, sometimes very long-term strategies. We are also looking at some of the immediate needs of the victims and at developing policies that articulate zero tolerance."

Karen Kraselnicki of the Good Samaritan Society says nurses never used to report abuse. "Our whole society has changed. We speak out about these things. Before staff felt there was no recourse. Who could they go to? Now if they tell their supervisor they are being harassed, there are steps taken to correct that problem. Staff feel something can be done about it."

Hospitals throughout the province have developed staff abuse policies. At both the Medicine Hat Regional and the Glenrose, every incident must be reported. The Medicine Hat Regional has a standard form that asks what happened, where it happened and asks for a description from the manager or supervisor. The hospital is also prepared to call the police and charge the patient with destruction of public property and assault. Staff also receive Patient Assault Response Training (PART) which teaches them to cope with physical assault.

SAFETY IN NUMBERS

Alberta Occupational Health and Safety, through its Heritage Grant Program, is funding projects that advance healthcare health and safety in the province.

In May 1992, the University of Alberta's Department of Athletics received a $2,210 Heritage Grant to study back injuries and endurance in hospital nurses. The department's report should be available in spring 1993.

Also in 1992, the Injury Awareness and Prevention Centre at the University of Alberta Hospitals held a conference to identify and address issues in musculoskeletal injury prevention. The conference was a chance for the Centre, the Alberta Occupational Health Society and the Human Factors Association of Canada to look at effective ways to prevent musculoskeletal injuries. A $4,400 grant from the Heritage Grant Program supported the conference.

In 1992, the Alberta Safety Council for Long Term Care Facilities joined AOHS's Partners in Injury Reduction Program. The Council also received financial assistance from the Heritage Grant Program to develop a generic health and safety program for use by long-term care facilities.

Larry Odegard says the health care industry may have to form a joint council to address health and safety issues. "We may need some joint council that involves employee representatives, association representatives and government in a tripartite arrangement. That group would be a clearing house for ideas."

The Forum for Action on Workplace Health and Safety is an independent body with representatives from organized labour, industry, health care, municipalities, agriculture and government. The Forum targets industries with health and safety records that need attention. At present, it's meeting with representatives from the health care industry to find ways to make health care safer.

"The next step," says Mr. Odegard, "is to bring the groups together in a setting where their union and management leaders will talk about how we'll move forward."

Financial Information 1991-92

Occupational Health and Safety Services Budget Estimates, Special Warrants and Expenditures by Vote

Vote 12— Alberta Occupational Health and Safety Services

Description ($000)	Original budget estimate 1991-92	Special warrants 1991-92	Expenditures for the year ending: 1990-91	1991-92
Minister's Office	252	0	246	266
O. H. & S. Council	61	0	82	53
Executive Services	847	0	309	352
Personnel, Finance & Admin.	699	0	759	694
Program Support	1,319	0	1,721	1,661
Policy and Prof. Services	2,453	0	2,279	2,476
Health and Safety Audit	292	0	255	312
Field Operations	6,564	0	6,364	6,384
Total	12,487	0	12,015	12,198

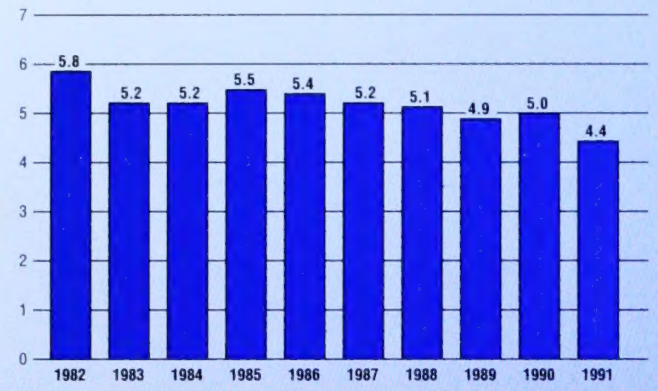
Please note that 50% of the annual expenditures are recovered from the Workers' Compensation Board and are paid into the General Revenue Fund.

Vote 13— W.C.B. Pre 1974 Pension Payments

Description ($000)	Original budget estimate 1991-92	Special warrants 1991-92	Expenditures for the year ending: 1990-91	1991-92
Workers' Comp Board	10,900	0	13,800	10,900

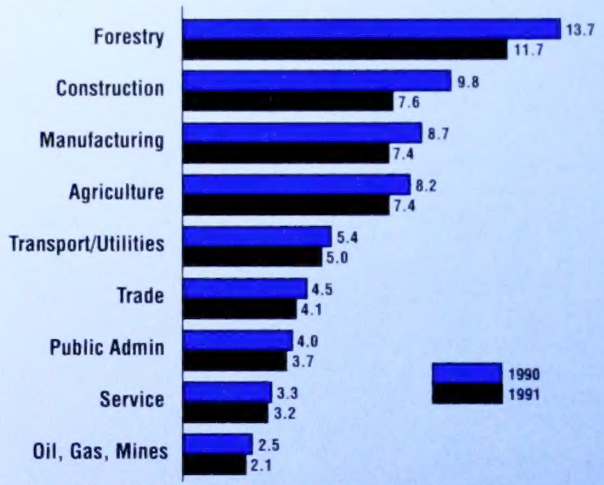
Statistical Information

Annual Injury Rates- Alberta 1982-1991
(Rate per 100 Person-Years Worked)



Note: Railways are included from 1983, Alberta Government from 1984, and the telephone industry from 1987. Government of Canada is excluded throughout. All injury data are based on lost-time claims submitted to and accepted by the Alberta Workers' Compensation Board.

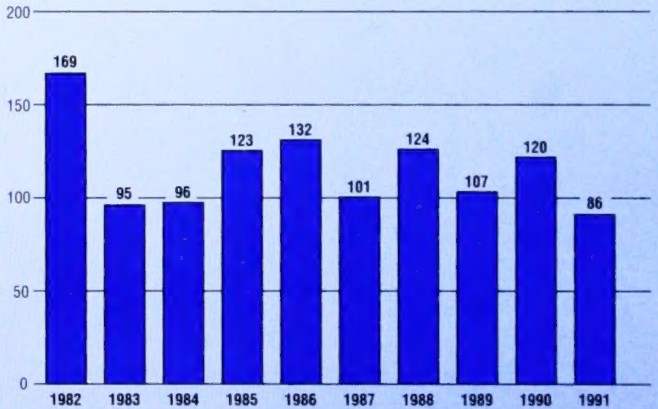
Major Alberta Industrial Sectors Lost-Time Claim Rates 1990-1991
(Rate per 100 Person-Years Worked)



Which Industries are the Most Hazardous (Rate per 100 Person-Years Worked)
In 1991, the 10 industries (with at least 1,000 workers) with the highest injury rates were:

Meat and Poultry Packing	19.7
Roofing	15.8
Structural steel fabrication	15.5
Geo-seismic exploration	13.6
Welding	13.5
Concrete construction	13.4
Install furnace, air conditioning	13.2
Landscaping	12.9
Specialized industrial trucking	12.7
Industrial labour supply	12.7

Number of Fatalities Accepted by the WCB- Alberta 1982-1991



Note: Fatalities are counted by year of acceptance, not by year of injury or year of death.

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